

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??:

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: PDZ Domain Interactions and Lipid Rafts

Attorney Docket Number:: 020054-002310US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 23

Small Entity?::

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Peter  
Middle Name:: S.  
Family Name:: Lu  
Name Suffix::  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 99 East Middlefield Road, No. 29  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94043

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Spain  
Status:: Full Capacity  
Given Name:: Chamorro  
Middle Name:: Somoza  
Family Name:: Diaz-Sarmiento  
Name Suffix::  
City of Residence:: Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 180 Emerson Street  
City of Mailing Address:: Palo Alto  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94301

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Brian

Middle Name::

Family Name:: Seed

Name Suffix::

City of Residence:: Boston

State or Province of Residence:: MA

Country of Residence:: US

Street of Mailing Address:: Massachusetts General Hospital

Postal Address Line Two:: Molecular Biology

Postal Address Line Three:: 55 Fruit Street

City of Mailing Address:: Boston

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Ramnik

Middle Name::

Family Name:: Xavier

Name Suffix::

City of Residence:: Boston

State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: Massachusetts General Hospital  
Postal Address Line Two:: Gastrointestinal Unit, Jck 7  
Postal Address Line Three:: 55 Fruit Street  
City of Mailing Address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bryan  
Middle Name:: Allen  
Family Name:: Irving  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 587 Arkansas Street  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94107

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	30,223	William M. Smith
Associate	42,271	Scott L. Ausenhus
Associate	41,303	Andrew T. Serafini

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/269,523	02/16/01
This Application	Non-Provisional of	60/269,522	02/16/01
This Application	Non-Provisional of	60/269,694	02/16/01